

Cayuga County



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## Residential

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## Municipality of Town of Montezuma

SWIS:	054000	Tax ID:	98.00-1-31
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## Tax Map ID / Property Data

Status:	Active	Roll Section:	Taxable
Address:	7153 State Route 90 N		
Property Class:	210 - 1 Family Res	Site Property Class:	210 - 1 Family Res
Ownership Code:			
Site:	Res 1	In Ag. District:	No
Zonning Code:	AR -	Bldg. Style:	Old style
Neighborhood:	00200 -	School District:	Port Byron
Property Description:	Smd 901-130		
Total Acreage/Size:	1.50	Equalization Rate:	----
Land Assessment:	2021 - \$15,300	Total Assessment:	2021 - \$52,300
Full Market Value:	2021 - \$75,797		
Deed Book:	1493	Deed Page:	320
Grid East:	779798	Grid North:	1080007

## Special Districts for 2021

Description	Units	Percent	Type	Value
ECR01-EAST CAYUGA RES WHOL	0	0%		0
FD401-MONTEZUMA FIRE DIST	0	0%		0

## Land Types

Type	Size
Primary	1.00 acres
Residual	0.50 acres

## Photographs

(Click on photo to enlarge it.)



File Photo

Photo 1 of 3



## Documents

- 11-27-2012
- Transfer 1-11-2022
- Transfer 1-12-2022

## Maps

[View Tax Map](#)
[Pin Property on GIS Map](#)
[View in Google Maps](#)
[View in Bing Maps](#)
[Map Disclaimer](#)

INSTRUCTIONS (RP-5217-PDF-INS) www.orps.state.ny.us

**FOR COUNTY USE ONLY**

C1. SWIS Code \_\_\_\_\_

C2. Date Deed Recorded 1/11/2022

C3. Book 41167 C4. Page 32

**New York State Department of  
Taxation and Finance**

Office of Real Property Tax Services

**RP- 5217-PDF**

Real Property Transfer Report (5/16)

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**PROPERTY INFORMATION**

1. Property Location 7153 State Route 90N

\* STREET NUMBER \* STREET NAME

Montezuma

\* CITY OR TOWN \* VILLAGE \* ZIP CODE

2. Buyer Name C. B. Brooks LLC

\* LAST NAME/COMPANY \* FIRST NAME

C B Brooks

3. Tax Bidding Address 317 Cliffside Dr Auburn NY 13021

\* STREET NUMBER AND NAME \* CITY OR TOWN \* STATE \* ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR ☐ Part of a Parcel (Only if Part of a Parcel) Check as they apply:

4A. Planning Board with Subdivision Authority Exists ☐

4B. Subdivision Approval was Required for Transfer ☐

4C. Parcel Approved for Subdivision with Map Provided ☐

5. Deed Property Size 192 X 478 OR 0.00

\* FRONT FEET \* DEPTH \* ACRES

6. Seller Name Stott Catherine E

\* LAST NAME/COMPANY \* FIRST NAME

Stott Catherine E

\* LAST NAME/COMPANY \* FIRST NAME

7. Select the description which most accurately describes the use of the property at the time of sale:

A. One Family Residential

Check the boxes below as they apply:

8. Ownership Type is Condominium ☐

9. New Construction on a Vacant Land ☐

10A. Property Located within an Agricultural District ☐

10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

15. Check one or more of these conditions as applicable to transfer:

☐ A. Sale Between Relatives or Former Roommates

☐ B. Sale between Related Companies or Partners in Business

☐ C. One of the Buyers is also a Seller

☐ D. Buyer or Seller is Government Agency or Lending Institution

☐ E. Deed Type not Warranty or Bargain and Sale (Specify Below)

☐ F. Sale of Fractional or Less than Fee Interest (Specify Below)

☐ G. Significant Change in Property Between Taxable Status and Sale Date

☐ H. Sale of Business is Included in Sale Price

☐ I. Other Unusual Factors Affecting Sale Price (Specify Below)

☒ J. None

Comment(s) on Condition:

11. Sale Contract Date 05/08/2021

12. Date of Sale/Transfer 07/08/2021

13. Full Sale Price 30,000.00

(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale 0.00

**ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill**

16. Year of Assessment Roll from which information taken (YY) 21

17. Total Assessed Value 52,300

18. Property Class Res 210 1

19. School District Name cayuga

20. Tax Map Identifier(s) (Roll Identifier(s)) (If more than four, attach sheet with additional Identifier(s)) 98.00-1-31

**CERTIFICATION**

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

**SELLER SIGNATURE**

Catherine E Stott

SELLER SIGNATURE DATE

**BUYER SIGNATURE**

Paul C. Myers 12/29/21

BUYER SIGNATURE DATE

**BUYER CONTACT INFORMATION**

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual responsible party who can answer questions regarding the transfer must be entered. Type or print clearly.)

CB Brooks LLC see other

\* LAST NAME \* FIRST NAME

\* AREA CODE \* TELEPHONE NUMBER (x = 999999)

317 Cliffside dr

\* STREET NUMBER \* STREET NAME

Auburn, NY 13021

\* CITY OR TOWN \* STATE \* ZIP CODE

**BUYER'S ATTORNEY**

\* LAST NAME \* FIRST NAME

\* AREA CODE \* TELEPHONE NUMBER (x = 999999)

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Office of Real Property Tax Services

**RP- 5217-PDF**

Real Property Transfer Report (5/10)

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**PROPERTY INFORMATION**

1. Property Location 7153 State Route 90N

\* STREET NUMBER \* STREET NAME

Montezuma

\* CITY OR TOWN \* VILLAGE \* ZIP CODE

2. Buyer Name C. B. Brooks LLC

\* LAST NAME/COMPANY \* FIRST NAME

C B Brooks

3. Tax Billing Address 317 Cliffside Dr Auburn NY 13021

\* STREET NUMBER AND NAME \* CITY OR TOWN \* STATE \* ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR ☐ Part of a Parcel (Only if Part of a Parcel) Check as they apply:

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4B. Subdivision Approval was Required for Transfer ☐

4C. Parcel Approved for Subdivision with Map Provided ☐

5. Deed Property Size 192 X 478 OR 0.00

\* FRONT FEET \* DEPTH \* ACRES

6. Seller Name Stott Catherine E

\* LAST NAME/COMPANY \* FIRST NAME

7. Select the description which most accurately describes the use of the property at the time of sale:

A. One Family Residential

Check the boxes below as they apply:

8. Ownership Type is Condominium ☐

9. New Construction on a Vacant Land ☐

10A. Property Located within an Agricultural District ☐

10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District ☐

15. Check one or more of these conditions as applicable to transfer:

☐ A. Sale Between Relatives or Former Relatives

☐ B. Sale between Related Companies or Partners in Business

☐ C. One of the Buyers is also a Seller

☐ D. Buyer or Seller is Government Agency or Lending Institution

☐ E. Deed Type not Warranty or Bargain and Sale (Specify Below)

☐ F. Sale of Fractional or Less than Fee Interest (Specify Below)

☐ G. Significant Change in Property Between Taxable Status and Sale Date

☐ H. Sale of Business is Included in Sale Price

☐ I. Other Unusual Factors Affecting Sale Price (Specify Below)

☒ J. None

Comment(s) on Condition:

11. Sale Contract Date 05/08/2021

12. Date of Sale/Transfer 07/08/2021

13. Full Sale Price 30,000.00

(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale 0.00

**ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill**

15. Year of Assessment Roll from which information taken 21

17. Total Assessed Value 52,300

18. Property Class Res 210 1

19. School District Name cayuga

20. Tax Map Identifier(s)/Roll Identifier(s) (If more than four, attach sheet with additional identifier(s)) 98.00-1-31

**CERTIFICATION**

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

**SELLER SIGNATURE**

Catherine E Stott

SELLER SIGNATURE DATE

Paul C Myers 12/29/21

BUYER SIGNATURE DATE

**BUYER CONTACT INFORMATION**

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual responsible to party who can answer questions regarding the transfer must be entered. Type or print clearly.)

CB Brooks LLC see other

\* LAST NAME \* FIRST NAME

\* AREA CODE \* TELEPHONE NUMBER (EX. 989999)

317 Cliffside dr

\* STREET NUMBER \* STREET NAME

Auburn, NY 13021

\* CITY OR TOWN \* STATE \* ZIP CODE

**BUYER'S ATTORNEY**

\* LAST NAME \* FIRST NAME

\* AREA CODE \* TELEPHONE NUMBER (EX. 989999)

INSTRUCTIONS(RP-5217-PDF-INS): www.orps.state.ny.us

## FOR COUNTY USE ONLY

C1. SWIS Code

C2. Date Deed Recorded

C3. Book

C4. Page

New York State Department of  
Taxation and Finance

Office of Real Property Tax Services

RP- 5217-PDF

Real Property Transfer Report (8/10)

## PROPERTY INFORMATION

1. Property Location 7153 State Route 90N  
 \*STREET NUMBER \*STREET NAME  
 Montezuma 13117  
 \*CITY OR TOWN \*ZIP CODE

2. Buyer Name Parker Dustin  
 \*LAST NAME/COMPANY FIRST NAME  
 LAST NAME/COMPANY FIRST NAME

3. Tax Billing Address Parker Dustin  
 Indicate where future Tax Bills are to be sent if other than buyer address(at bottom of form) LAST NAME/COMPANY FIRST NAME  
 7153 Montezuma NY 13117  
 \*STREET NUMBER AND NAME \*CITY OR TOWN \*STATE \*ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed 1 # of Parcels OR Part of a Parcel (Only if Part of a Parcel) Check as they apply:  
 4A. Planning Board with Subdivision Authority Exists  
 4B. Subdivision Approval was Required for Transfer  
 4C. Parcel Approved for Subdivision with Map Provided

5. Deed Property Size 160 X 478 OR 0.00  
 \*FRONT FEET \*DEPTH \*ACRES

6. Seller Name C.B. Brooks LLC  
 \*LAST NAME/COMPANY FIRST NAME  
 LAST NAME/COMPANY FIRST NAME

7. Select the description which most accurately describes the use of the property at the time of sale:  
 A. One Family Residential ☒

Check the boxes below as they apply:  
 8. Ownership Type is Condominium  
 9. New Construction on a Vacant Land  
 10A. Property Located within an Agricultural District  
 10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District

## SALE INFORMATION

11. Sale Contract Date 01/11/2022  
 \*12. Date of Sale/Transfer 01/11/2022  
 \*13. Full Sale Price 180,000.00  
 (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale 0.00

15. Check one or more of these conditions as applicable to transfer:  
 A. Sale Between Relatives or Former Relatives  
 B. Sale between Related Companies or Partners in Business.  
 C. One of the Buyers is also a Seller  
 D. Buyer or Seller is Government Agency or Lending Institution  
 E. Deed Type not Warranty or Bargain and Sale (Specify Below)  
 F. Sale of Fractional or Less than Fee Interest (Specify Below)  
 G. Significant Change in Property Between Taxable Status and Sale Dates  
 H. Sale of Business is Included in Sale Price  
 I. Other Unusual Factors Affecting Sale Price (Specify Below)  
 X J. None  
 Comment(s) on Condition:

## ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken(YY) 21 \*17. Total Assessed Value 52,300  
 \*18. Property Class 210 - 1 \*19. School District Name Cayuga  
 \*20. Tax Map Identifier(s)/Roll Identifier(s) (If more than four, attach sheet with additional identifier(s))  
 98.00-1-31

## CERTIFICATION

I Certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

## SELLER SIGNATURE

C.B. Brooks LLC Paul Maguire 11/21/22  
 SELLER SIGNATURE DATE

## BUYER SIGNATURE

Dustin Parker 1/12/22  
 BUYER SIGNATURE DATE

## BUYER CONTACT INFORMATION

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual responsible party who can answer questions regarding the transfer must be entered. Type or print clearly.)

Parker Dustin  
 \*LAST NAME FIRST NAME  
 315 5151798  
 \*AREA CODE \*TELEPHONE NUMBER (Ex: 9999999)  
 25 Spruce Lane  
 \*STREET NUMBER \*STREET NAME  
 Seneca Falls NY 13148  
 \*CITY OR TOWN \*STATE \*ZIP CODE

BUYER'S ATTORNEY  
 LAST NAME FIRST NAME  
 AREA CODE TELEPHONE NUMBER (Ex: 9999999)

